

FERENCE & ASSOCIATES

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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (703) 872-9314
Date: September 28, 2004
Pages: 13 pages (including this cover sheet)

MESSAGE:

Application No. 09/493,507
Examiner D. Abebe
Art Unit 2655

Amendment Transmittal
Amendment

Atty. Docket Number YO-999-599
(590.005)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YO-999-599
(590.005)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Franz et al.
Serial No. : 09/493,507 Examiner : D. Abebe
Filed : January 28, 2004 Group Art Unit : 2655
For : INDEXING WITH TRANSLATION MODEL FOR FEATURE
REGULARIZATION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 28 2004

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9314 on September 28, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. YO-999-599
 ()

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

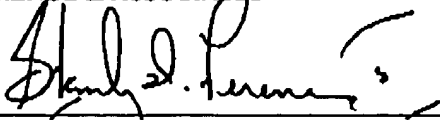
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>	
					<u>RATE</u>	<u>SEE</u>			<u>RATE</u>	<u>SEE</u>
Total Claims	19	** 20	= * 0	x	\$9	=	O	x	\$18	=
Ind. Claims	3	*** 3	= * 0	x	\$43	=	O	x	\$86	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$145	=	O	+	\$290	=
					<u>TOTAL</u>	= \$	O		<u>TOTAL</u>	= \$
							R			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES



 By _____
 Stanley D. Ference III
 Reg. No. 33,879
Dated: September 28, 2004

Mailing Address:

Customer No. 35195
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